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CLINICAL IMAGE

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Blastomycosis presenting as an isolated progressive painless verrucous skin lesion

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Abstract

A painless progressive verrucous skin plaque in an endemic area should raise suspicion for blastomycosis resulting in prompt biopsy with fungal stains and culture. Skin is a common extrapulmonary site. Itraconazole is treatment of choice.

A 57-year-old Caucasian man from Indiana was referred to infectious diseases clinic for a skin lesion. A nonpruritic and painless skin lesion had been present on his lower back for a year and had progressively enlarged. Topical steroids worsened the lesion. Patient was asymptomatic. Physical examination showed a 10 × 3 cm raised erythematous verrucous plaque with stuck-on appearance with dry scaly raised brown borders.[1] (Figure 1) The patient worked as a car mechanic, lived in a suburban old house, denied any travel, was monogamous with his wife, and had no adventurous hobbies. His labs and chest X-ray were normal. The lesion was biopsied and showed thick-walled fungal spores in the dermis with broad-based budding yeast consistent with blastomycosis.[2] Patient's urine and serum blastomyces antigens were negative. Oral itraconazole 200 mg twice a day was initiated. Itraconazole was tolerated well, and patient had adequate drug level. On 3-month follow-up, the lesion had become flat and less scaly. (Figure 2) On 6-month follow-up,

FIGURE 1 Initial presentation: painless progressive verrucous skin lesion

FIGURE 2 Three-month follow-up: flat and less scaly skin lesion

FIGURE 3 Six-month follow-up: smooth and faded skin lesion

it had become smooth and faded. (Figure 3) Itraconazole was stopped at 6 months, and patient continued to do well clinically without any new symptoms or lesions.

CONFLICT OF INTEREST

None declared.

AUTHOR CONTRIBUTIONS

SB: drafted and reviewed the article.

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